

Objective: The COVID-19 pandemic has been a mass bereavement event disrupting social functioning of individuals in the general population, restricted and changed end-of-life, mourning and grief processes. In these circumstances grief may become pathologic and complicated grief (CG) may rise. The vulnerability of elders to CG in times of loss and bereavement in the COVID-19 context has been hardly studied. The current study aimed to examine grief processes, complicated grief and their relationship with protective and vulnerability factors among adults and elders (45 years old and above) who experienced loss at the time of the COVID-19 pandemic. Methods: A total of 113 adults aged 45 and above were included in the analytic convenience sample. Quantitative data was collected by self-reported questionnaires of CG, resilience, well-being, state anxiety and negative engagement with hostile world scenarios (HWS). Additionally, qualitative data on grief experiences was collected in semi-structured interviews of 9 participants.

Results: Factor analysis results supported prior identified factors of CG among the aged. Multivariate analysis and stepwise regression identified factors associated with CG: female gender, state anxiety and negative engagement with HWS were identified as vulnerability factors whereas resilience emerged as a protective factor. Thematic analysis identified two main themes among participants: (1) COVID-19 as an emotional accelerator and (2) Support from social resources in COVID-19 times.

Conclusion: Findings add to our understanding of complicated grief among adults and elders in epidemic times. A unique and novel finding is the relationship found between negative engagement with HWS and complicated grief. This highlights the importance of examining how individuals facing adversities in general and loss in particular, perceive their ability to cope with life hardships. Furthermore, further research for establishing diagnostic criteria of CG for the aged is recommended.

P83: Perceptions of Elder Good Care in Nursing Homes: Nursing Aides Versus Other Nursing Home Professionals

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Background: There is great concern about the care of the older adults in institutions, especially in recent years. One of the reasons is the cases of elder abuse, not only highlighted by academic and scientific sources, but also by the media. Humanization, respect, empowerment and non-infantilization are key elements to promote good treatment in nursing homes (López et al., 2021).

Research Objective: The aim of this study was to evaluate the care in nursing homes using the Professional good care scale in nursing homes (Pérez-Rojo et al., 2021).

Method: The sample for this study consisted of 269 employees working in different older adults nursing homes in Spain (182 nursing aides and 87 other nursing home professionals: nurses, occupational therapists, psychologists, physiotherapists, social workers, sociocultural animators, speech therapists). The employees' evaluations of themselves (their own performance) and their own evaluation of their coworkers in the nursing home (the overall good care in the nursing home) in these two groups of professionals (nursing aides and nursing home staff that care residents) were assessed and compared. T-test were used for data analyses.

Preliminary results on the ongoing study: The results showed no significant differences between the two groups of professionals when they considered their own performance.

However, statistically significant differences were found when they considered the overall performance in their residency in humanization ($p < .001$), non-infantilization ($p < .001$) and in the overall score of the good care scale ($p < .001$). Good care in nursing homes was significantly perceived as less frequent among nursing aides.

Conclusion: It is important for the evaluation of good care of older adults by the staff to assess both their perception of themselves and their assessment of their coworkers. Good care is the result of a complex construct in which a wide range of factors converge. Therefore, it is essential to contemplate the most accurate assessment of it. To evaluate and promote good care, it seems appropriate to assess the overall performance of all the employees of the nursing home and not only the assessment that each one makes of the treatment he/she gives to the older adults with whom he/she works.

P92: Risk Assessment in People living with Dementia: A Systematic Review

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Objective: Effective risk identification and assessment is important to help inform personalised care decisions, positive risk management, policy making and clinical practice in dementia. This mixed-method systematic review identified key components of risk assessment for people with dementia living within the community and care homes, examined attitudes towards risk identification and risk assessment, and appraised existing risk assessment tools.

Methods: Systematic searches of eight databases on two platforms (EBSCO, OVID) and grey literature databases (Open Grey, Base) were conducted. Studies were systematically screened for inclusion based on predetermined eligibility criteria and quality assessed using the Mixed Methods Appraisal Tool. Findings were tabulated and synthesised using thematic synthesis.

Results: Twenty studies consisting of qualitative and mixed-method designs were included in the review. Five overarching themes emerged from the synthesis: **Conceptualisation of risk** - individual perceptions of risk, including how different individuals define, construct, and identify risk situations. **Components of risk** -key elements included in risk and safety assessments. **Contributors to risk** -factors that impact the risk level and how risk assessments are conducted. **Perspectives on risk assessment** -how individuals assess risk and approaches to risk management. **Risk reduction** -strategies to mitigate risk following an assessment.

Our review found differences in how risk is conceptualised between people with dementia, their family carers, and healthcare professionals, with views being shaped by media perceptions, personal experiences, sociocultural influences, dementia knowledge and severity. We found that mobilisation both inside and outside of the home is the most frequently identified risk factor. Our findings show people with dementia and carers are generally risk-tolerant, while healthcare professionals adopt risk-averse approaches that reflect organisational requirements and ensure safety. We found factors that disrupt daily routines, living and caring arrangements, medication management, and unclear care pathways contribute towards adverse risk events. Few studies considered people with dementia's insight into the risk being assessed.

Conclusion: Accurate risk assessment and effective communication strategies are needed to enable risk-tolerant practices and ensure these approaches can be evaluated effectively. We did not find any instrument which to date had been shown to be widely acceptable and useful in practice.