occupation, the education inequality of these two outcomes still persists, which indicates other underlying mechanisms explicating the association. These findings indicate potential role of social and cultural institutions in translating the education effect into measures of subjective well-being among older adults.

AGE-IDENTITY AND WELFARE STATE ORIENTATION

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Background: Welfare states need to re-balance resources in response to population ageing. Younger generations must take on larger burdens, and older generations accept lower benefits, or some combination of the two. However, whereas an altruist orientation tend to dominate in the family, welfare state attitudes are more likely guided by some degree of generational self-interest. Methods: This paper explores how attitudes to the welfare state vary with age, and to what extent these attitudes are modified by self-perceived age and ageing. Data from a large-scale Norwegian study, LOGG (n=9 600, aged 18-79), are used to address the questions empirically. Comparative data are drawn from the UN-based Generation and Gender Study. Results and Conclusions: Level and profile of support for the welfare state seem to have mixed motivations: Some age-group self-interest, some altruism, some indication also of generativity. Actual age remains among the most important determinants for intergenerational attitudes even after control for age-related factors such as health and family position. The role of age identifications is to be explored.

SESSION 2305 (SYMPOSIUM)

FUNCTION FOCUSED CARE IN THE ACUTE CARE SETTING…THE ULTIMATE IMPLEMENTATION CHALLENGE?

Chair: S.F. Metzelthin, *Maastricht University, Maastricht, Netherlands*
Co-Chair: G. Zijlstra, *Maastricht University, Maastricht, Netherlands*

Approximately half of hospitalized adults are 65 years and older. Admissions are mainly caused by infections, fractures, acute cardiac, pulmonary, or neurological events, or metabolic disorders. In 35-50% of the older adults hospitalization results in function decline, which is associated with longer hospital stays, unplanned hospital readmissions, dependence on formal/informal care, and mortality. One of the major reasons is prolonged periods of bedrest and limited physical activity. The kind of care provided by nurses can influence the type and amount of physical activity hospitalized older adults perform. Therefore researchers in Canada, the Netherlands and the US have initiated care approaches to integrate Function Focused Care (FFC) into acute care. FFC aims to optimize the functional status of older adults by increasing the time older adults spend in physical activity. However, the implementation of FFC in acute care is challenging, as the current care philosophy in this setting is focused on stabilization and management of the acute medical problem instead of stimulate physical activity. This symposium focuses on innovative ways to overcome these challenges. The first presentation describes the systematic development of a FFC approach for Dutch hospitals while taking into account implementation challenges. The second presentation focuses on patient and system challenges in implementing FFC. The third presentation reports on the role of Canadian nursing leaders in overcoming implementation challenges. The fourth presentation is about the role of family caregivers in facilitating the implementation of FFC. Finally, the results will be discussed by our discussant dr. Galik from the US.

THE DEVELOPMENT OF A FUNCTION FOCUSED CARE APPROACH FOR NURSING CARE IN THE DUTCH HOSPITAL SETTING.

J.M. de Man-van Ginkel, M. Schuurmans, C. Verstraten, *Department of Rehabilitation, Nursing Science and Sports, Brain Center Rudolf Magnus, University Medical Center Utrecht, Utrecht, Netherlands*

Reduced mobility and functional decline regarding bathing & dressing are common in patients admitted to hospital and are known as important predictors of adverse outcomes and complications. Therefore, nursing care should focus on preventing functional decline and restoring the optimal functional and physical status. A promising approach is function focused care (FFC) developed by Resnick e.a. To enhance effectiveness, interventions have to be adapted systematically before they can be implemented among another target group in another context.This presentation describes the systematic development of an FFC-based approach for the hospital setting. In an iterative process with experts in FFC and nurses working in hospital setting, adaptations in the FFC-interventions and adjustments needed in the current care and in the organization of the hospital care were identified. Based on this appropriate intervention components were developed resulting in a Dutch translation of FFC in hospital and challenges for implementation were identified.

USING FUNCTION FOCUSED CARE TO OPTIMIZE PHYSICAL OUTCOMES IN OLDER ADULTS POST TRAUMA: OVERCOMING SYSTEM AND PATIENT CHALLENGES

B. Resnick, *University of Maryland, Baltimore, Maryland*

We tested the implementation of Function Focused Care for Acute Care (FFC-AC) on trauma units in two hospitals. The intervention included three components: Component I: Education and Training; Component II: Environmental and Policy Assessment; and Component III: Ongoing Training and Motivation of Nurses. The hospitals were randomized to FFC-AC or Education Only (Component I). One hundred patients post trauma were included. The majority of patients was female (72%), white (96%) and on average 79.58 years of age (sd=8.80). All components of the intervention were implemented as intended. The nurses indicated that optimizing function and physical activity was a low priority. Age, depression and tethering were factors that were negatively associated with function and physical activity. Fear of patients falling limited the amount of activity they were encouraged to perform. Ongoing work is needed to overcome challenges to hospital policy and practice to optimize function and physical activity among patients.